

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 FEB -4 AM 11:35

FEC MAIL ROOM

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

F I R S T C O M M O N W E A L T H F I N A N C I A L C O R P O R A T I O N P A C

T e r e s a M C i a m b o t t i

ADDRESS (number and street)

P O B o x 4 0 0



Check if different
than previously
reported. (ACC)

I n d i a n a P A 1 5 7 0 1 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 4 8 1 8 5

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y

in the
State of

5. Covering Period

M M / D D / Y Y
0 7 / 0 1 / 2 0 1 3

through

M M / D D / Y Y
1 2 / 3 1 / 2 0 1 3

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Teresa M. Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

M M / D D / Y Y
0 1 / 3 0 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period:

From:

0 7

0 1

2 0 1 3

To:

1 2

3 1

2 0 1 3

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2 0 1 3

6,176.10

(b) Cash on Hand at
Beginning of Reporting Period.....

1,419.00

(c) Total Receipts (from Line 19)

3,390.07

11,654.97

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

17,581.07

17,831.07

7. Total Disbursements (from Line 31)

11,700.00

11,950.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

5,881.07

5,881.07

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

MM / DD / YYYY
12 / 31 / 2013

MM / DD / YYYY
12 / 31 / 2013

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2,239.75

7,089.75

(ii) Unitemized.....

1,150.32

4,565.22

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,390.07

11,654.97

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3,390.07

11,654.97

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,390.07

11,654.97

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3,390.07

11,654.97

14031180045

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1 1,700.00	1 1,950.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1 1,700.00	1 1,950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 1,700.00	1 1,950.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,390.07	11,654.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,390.07	11,654.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

14031180047

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 8	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) Greenfield, David W.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer FCFC Board of Directors		Occupation Member
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Answine, Emmanuel J.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer FCB		Occupation SVP- Operation Executive
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Claus, Gary R.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer FCFC Board of Directors		Occupation Member
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00
SUBTOTAL of Receipts This Page (optional).....▶		0.00
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **2** OF **8**

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

Full Name (Last, First, Middle Initial)

Fairman, Beverly

A.

Mailing Address
PO Box 400

City
Indiana

State
PA

Zip Code
15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB Board of Directors

Occupation
Member

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

Riggle, Carrie L.

B.

Mailing Address
PO Box 400

City
Indiana

State
PA

Zip Code
15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB

Occupation
HR Manager

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

Dahlmann, David S.

C.

Mailing Address
PO Box 400

City
Indiana

State
PA

Zip Code
15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCFC Board of Directors

Occupation
Chairman

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **4** OF **8**
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) Zuro, Matthew T.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period 0.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation Business Banking Area Mgr- VP	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) Emmerich, I. Robert		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period 0.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation Chief Credit Officer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) Caponi, Julie		Date of Receipt M M / D D / Y Y Y Y
Mailing Address PO Box 400		Amount of Each Receipt this Period 0.00
City Indiana	State PA Zip Code 15701	
FEC ID number of contributing federal political committee. C		
Name of Employer FCFC Board of Directors	Occupation Member	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).....▶		0.00
TOTAL This Period (last page this line number only).....▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **5** OF **8**
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) Montgomery, Norman J.			Date of Receipt MM / DD / YYYY	
Mailing Address PO Box 400				
City Indiana	State PA	Zip Code 15701	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FCB		Occupation Business Integration Group Mgr.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Rout, Robert E.			Date of Receipt MM / DD / YYYY	
Mailing Address PO Box 400				
City Indiana	State PA	Zip Code 15701	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FCB		Occupation EVP/CFO & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Ventura, Robert J.			Date of Receipt MM / DD / YYYY	
Mailing Address PO Box 400				
City Indiana	State PA	Zip Code 15701	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FCFC Board of Directors		Occupation Member		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional).....▶			0.00	
TOTAL This Period (last page this line number only).....▶				

14031180051

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A.

Full Name (Last, First, Middle Initial)

Latimer, Luke A.

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCFC Board of Directors

Occupation
Member

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

B.

Full Name (Last, First, Middle Initial)

Cobain, Stephen

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB

Occupation
EVP- Corporate Banking Executive

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

C.

Full Name (Last, First, Middle Initial)

White, Megan A.

Mailing Address
PO Box 400

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCB

Occupation
Regional Manager- VP

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

14031180052

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: **PAGE 6 OF 9**
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (to Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) Metzmaier, Linda D.		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 400		Amount of Each Receipt this Period <input type="text"/> 399.96 (7/12/13 - 12/30/13) (\$33.33 semi-monthly)
City Indiana	State PA	
Zip Code 15701		
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer FCB	Occupation SVP - Chief Compliance Officer	Amount of Each Receipt this Period <input type="text"/> 480.00 (7/12/13 - 12/30/13) (\$40.00 semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 566.61	
Full Name (Last, First, Middle Initial) Parzych, Cheryl A.		
B. Mailing Address PO Box 400		
City Indiana	State PA	Amount of Each Receipt this Period <input type="text"/> 343.75 (7/12/13 - 12/12/13) (\$31.25 semi-monthly)
Zip Code 15701		
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer FCB		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation EVP - Wealth Services Mgr.	Amount of Each Receipt this Period <input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 560.00		
Full Name (Last, First, Middle Initial) Price, T. Michael		
C. Mailing Address PO Box 400		
City Indiana	State PA	Amount of Each Receipt this Period <input type="text"/> 1,223.71
Zip Code 15701		
FEC ID number of contributing federal political committee. <input type="text"/> C		
Name of Employer FCB		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President	Amount of Each Receipt this Period <input type="text"/> 1,223.71
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE <u>7</u> OF <u>8</u>	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) Bonner, William J.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		Amount of Each Receipt this Period 1 6 8 . 0 0 (7/12/13 - 12/30/13) (\$14.00 semi-monthly)
City Indiana	State PA	
Zip Code 15701		
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation SVP- Sr. Comity. Real Estate Lender	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.50	

B. Full Name (Last, First, Middle Initial) Corry-Roberts, Neil		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		Amount of Each Receipt this Period 1 4 4 . 0 0 (7/12/13 - 12/30/13) (\$12.00 semi-monthly)
City Indiana	State PA	
Zip Code 15701		
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation SVP- Sr. Middle Market Banker	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

C. Full Name (Last, First, Middle Initial) Lombardi, Leonard		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		Amount of Each Receipt this Period 2 0 0 . 0 4 (7/12/13 - 12/30/13) (\$16.67 semi-monthly)
City Indiana	State PA	
Zip Code 15701		
FEC ID number of contributing federal political committee. C		
Name of Employer FCB	Occupation EVP Chief Audit Executive	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.49	

SUBTOTAL of Receipts This Page (optional)..... ➤

TOTAL This Period (last page this line number only)..... ➤

5 1 2 . 0 4

14031180054

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **3**

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

A. Full Name (Last, First, Middle Initial) McKee, William R.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00 (7/12/13 - 12/30/13) (\$15.00 semi-monthly)
Name of Employer FCB	Occupation SVP- Sr. Middle Market Banker	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
B. Full Name (Last, First, Middle Initial) Smith, Steve M.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00 (7/12/13 - 12/30/13) (\$15.00 semi-monthly)
Name of Employer FCB	Occupation SVP- Facilities Manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
C. Full Name (Last, First, Middle Initial) Ganung, Mark A.		Date of Receipt MM / DD / YYYY
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.00 (7/12/13 - 12/30/13) (\$12.00 semi-monthly)
Name of Employer FCB	Occupation SVP- Wealth Sales Executive	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	
SUBTOTAL of Receipts This Page (optional).....▶		504.00
TOTAL This Period (last page this line number only).....▶		2,239.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

Full Name (Last, First, Middle Initial)

A. Full Name (Last, First, Middle Initial) Reed, Dave Mailing Address PO Box 1440 City Indiana State PA Zip Code 15701 Purpose of Disbursement Contribution Candidate Name Dave Reed Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 62		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013 Amount of Each Disbursement this Period 011 Category/Type 1,000.00
---	--	---

B. Full Name (Last, First, Middle Initial) White, Don Mailing Address Indiana State PA Zip Code 15701 City PO Box 363 Purpose of Disbursement Contribution Candidate Name Don White Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 41		Date of Disbursement MM / DD / YYYY 07 / 17 / 2013 Amount of Each Disbursement this Period 011 Category/Type 1,200.00
--	--	---

C. Full Name (Last, First, Middle Initial) PABPAC Mailing Address 3897 North Front Street PO Box 152 City Harrisburg State PA Zip Code 17110 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013 Amount of Each Disbursement this Period 011 Category/Type 8,000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10,200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corporation PAC

Full Name (Last, First, Middle Initial)

A.

Corbett, Tom

Mailing Address
PO Box 186

City State Zip Code
Sewickley PA 15143

Purpose of Disbursement

Contribution

Candidate Name

Tom Corbett.

Office Sought: ☐ House
☐ Senate
☐ President

State: PA District:

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

011

Category/
Type

Amount of Each Disbursement this Period

1,500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Category/
Type

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Category/
Type

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

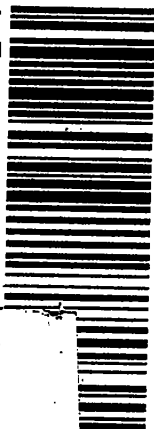
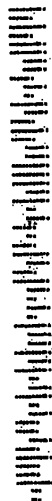
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TOTAL This Period (last page this line number only).....▶

11,700.00

**First
Commonwealth.**

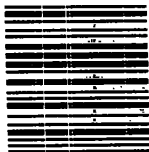
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PREPARER
(8/2013)

2/4/14
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